

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 14695427
APPLICANT(S)

FILING DATE

CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1		/				51
2						52
3		/				53
4		/				54
5		/				55
6		/				56
7		/				57
8						58
9						59
10						60
11						61
12						62
13						63
14						64
15						65
16						66
17						67
18						68
19						69
20						70
21						71
22						72
23						73
24						74
25						75
26						76
27						77
28						78
29						79
30						80
31						81
32						82
33						83
34						84
35						85
36						86
37						87
38						88
39						89
40						90
41						91
42						92
43						93
44						94
45						95
46						96
47						97
48						98
49						99
50						100
TOTAL IND.		1				TOTAL IND.
TOTAL DEP.		5				TOTAL DEP.
TOTAL CLAIMS		6				TOTAL CLAIMS